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ABSTRACT

This digest describes the uniqueness of one of the youngest service provider professions in existence, mental health counseling (MHC). A history is given of how the founders of this profession were able to establish a professional organization and identity. The identity of the mental health counselor is described as an aggregate of educational, scientific, and professional contributions from the disciplines of education, psychology, and counseling. Mental health counselors use scientific processes to strengthen or restore clients' mental health. Their framework for conceptualization integrates the person as a gestalt of various domains along with the person's position in the family and socio-cultural matrix. Mental health counselors are concerned with health and with the variety of circumstances, socially and individually, that can impair or inhibit the functioning of a person's life. (JDM)

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ERIC/CASS Digest

By

M. Carole Pistole

December 2001 EDO-CG-01-09

ERIC Clearinghouse on Counseling and Student Services
University of North Carolina at Greensboro

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Introduction

The human service provider field is comprised of a complex and bewildering array of overlapping and related, but separate professions that include mental health counseling, psychology, social work, marriage and family counseling, professional counseling, and psychiatry. Because each provider profession has essentially the same goals and accomplishes these by performing similar activities, human service delivery professions may seem very alike from the outside, which means that it can be very confusing to understand a profession's distinct identity. It is not particularly surprising that the nuances that distinguish these professions seem amorphous, unclear, and perhaps somewhat irrelevant to the public.

Graduate programs that train professionals for entry into a particular field spend 2 to 4 years purposefully socializing their students and providing them with a foundation in the profession's history, its knowledge and techniques, and its relevant values, attitudes, and identity themes. Moreover, persons seeking mental health services can usually be helped by virtually any of the service providers, because of the interdisciplinary nature of the knowledge and theory of intervention related to personality organization. Nonetheless, it is worthwhile for the professions to articulate their distinctions. This clarification is a vehicle to gain recognition and to vie for their legitimate position in the health care market place, and it also constitutes responsible behavior that is consistent with being accountable to the public's sanctioning of the professional work.

In terms of clarifying uniqueness, the borders of the human service delivery fields can be distinguished based on "professional identification, ... practitioner's entry level graduate degree ..., basic academic discipline, conceptualization of mental health problems, and approach to treatment" (Hersehenson & Power, 1987, p. 3). By weaving these elements into a discussion of the history of the profession, the identity which organizes its stability, and the distinctive characteristics which are included and excluded within its identity, this paper seeks to convey to readers the uniqueness of one of the youngest service provider professions, Mental Health Counseling (MHC) (cf. Pistole & Roberts, in press).

Mental Health Counseling – Historical Tradition

MHC has a brief but bold past. In the social-historical-economic context following World War II, non-medical, behavioral and cognitive approaches to psychotherapy flourished, with some of this growth being stimulated by the Community Mental Health Centers Act of 1963. This act, which "established funding for the development of community-based mental health care programs with interdisciplinary teams" (Weikel & Palmo, 1989, p. 8), contributed to increasing the number of master's-level practitioners. Many of these practitioners were trained in colleges of education and secured employment under a variety of professional and paraprofessional titles in community settings (e.g., hospitals, private practice, community mental health centers) (Beck, 1999; Weikel & Stickle, 1989). Although effective as professionals, because they were not trained in the disciplines of social work, psychology, or medicine (psychiatry), these practitioners were without a professional organizational home and were unqualified for the traditional credentials or licensure; that is, they were disenfranchised and rendered professionally invisible. This new group of professionals, who had emerged within the health care field, began a grass roots movement and in July, 1978 formed the American Mental Health Counselors Association (AMHCA) to provide themselves with a professional organization and identity. From its inception, AMHCA's purpose was to pursue recognition, develop accountability standards, and acquire professional status for these practice-oriented master's professionals who were already entrenched in the marketplace (Beck, 1999). In turn, the pioneering founders of the profession, drawn to this newly established identity of mental health counselor because they "believed in the power of counseling" (Palmo, 1999, p. 217), began the political process of differentiating their activities, roles, and identity from other service provider professions so that the uniqueness of their profession was revealed to both themselves and others.

Mental Health Counseling – Identity

In terms of a defining identity, MHC can be understood as "an aggregate of the specific educational, scientific, and professional contributions of the disciplines of education, psychology, and counseling" (Spruill & Fong, 1990, pp. 20-21). From early on, mental health counselors have defined their work as "an interdisciplinary multifaceted, holistic process of (1) the promotion of healthy life-styles, (2) identification of individual stressors and personal levels of functioning, and (3) preservation or restoration of mental health" (Seiler & Messina, 1979, p. 6).

When discussing identity themes, MHC has identified itself as a profession in which the person is conceptualized both developmentally and holistically with attention to contextual influences on persons' lives (Hershenson & Power, 1987). This approach involves both systemic and individual perspectives. On the one hand, from the systems perspective, clients are embedded within and influenced by their family, societal, historical, cultural, and socioeconomic context, which means that community resources and interdisciplinary approaches can be useful in treatment. Simultaneously, the individual can be viewed as being the gestalt of multiple domains – emotional, physical, social, vocational, and spiritual – that coalesce and culminate in a more or less healthy life style. As part of the health care industry, mental health counselors focus on a wellness, holistic mental health philosophy, regardless of whether the clients' issues are more reflective of developmental struggles or more reflective of clinical pathology. That is, the profession endorses a philosophy that is focused more on strengths and wellness, as springing from the multiple synthesized domains of the person, and focused less on curing some kind of mental illness.

This way of thinking about clients is also reflected in mental health counselors' collaboration with other professionals. Traditionally, the mental health counselor has worked in a community setting (e.g., a community mental health center) and participated as a contributing member of a health care team. In parallel to viewing clients as individuals within a complex system, mental health counselors see themselves as a profession that functions and contributes within a complex system of health care providers. Thus, mental health counselors extend the contextual, holistic health model to the broad professional environment, and also focus attention on understanding

other professional frameworks in order to improve their own effectiveness in interdisciplinary teams. Similarly, consistent with a growth and developmental philosophy, mental health counseling, as a profession, has been responsive to market changes within the political and social zeitgeist of health care. This flexibility is a necessary aspect of remaining vital and viable, that is, healthy, as a provider in the health care industry. Thus, during its development, MHC has demonstrated flexibility within stability: It has retained its core identity elements of development, strength, and mental health in a holistic interdisciplinary perspective, while integrating new competencies that are consistent with today's managed care environment. For instance, remedial intervention as well as the diagnosis and treatment of psychopathology has been synthesized within the mental health counselor's underlying philosophy of strengthening or restoring development and mental health (versus curing mental illness or helping clients adapt to the functional impairments which accompany mental illness).

Mental Health Counseling – Distinctiveness

As a master's level, primarily practice-oriented profession, MHC has distinguishing characteristics in terms of what it excludes and includes. Most obviously, MHC professional training builds on the theory and research of the behavioral sciences, but the education is not specific to the disciplines of social work, psychology, or medicine. On the other hand, there are specified standards for MHC training, with accreditation available from the Council for Accreditation of Counseling and Related Educational Programs (CACREP), if programs qualify by meeting the standards. Standards include 60 credit hours with specified course work and supervised experience. However, these standards, unlike doctoral education, do not include a requirement for scholarly productivity, though some programs do provide students' the opportunity to do a master's research thesis. Although a practice-oriented profession, because of its interdisciplinary dimension and valuing of research productivity, MHC can comfortably include people who stretch the practitioner boundary; that is, the profession prizes the production and dissemination of scholarship, as evidenced by the publication of research in the profession's *Journal of Mental Health Counseling*. Nonetheless, the employment settings of most mental health counselors support efficacious practice rather than necessitate or reward scholarship.

In relation to included characteristics, MHC shares a border with professional counseling in its conceptual and philosophical perspective that is more educational, developmental, and preventive than clinical, remedial, and medical (Seiler & Messina, 1979). As mental health counselors draw on the interdisciplinary knowledge base of the behavioral sciences, they implement a scientist-practitioner approach to delivery of services. They are, by training, effective consumers of the research and theoretical literature and continue their learning throughout their careers, because their foundation for practice is the research and theory which is continually being developed and refined. Moreover, mental health counselors' practice resembles the process of science in terms of practice being based in skeptical, cautious, and evidentially-based judgment. In fact, practice constitutes the implementation of science, that is, reflects local and idiosyncratic research with each client. The research with each client is represented as an integrated way of critical thinking and a style of working from the scientific attitude of inquiry, by using theory and systematic observation to build hypotheses, collect data, interpret data, seek alternative explanations for the data, and revise hypotheses. In terms of credentials, in most states, mental health counselors obtain a license for practice. The title is often generic, termed "professional counselor," though some states use the title "mental health counselor." In addition, these professionals may hold a specialty credential as a Certified Clinical Mental Health Counselor.

Conclusion

Mental health counseling, one of the youngest of the human service provider professions, was formed by in-the-field professionals who were seeking visibility and recognition during the late 1970's. Based in the knowledge of the behavior sciences and trained to focus on strengths, development, and the holistic, multifaceted aspects of on-going mental health, mental health counselors use scientific processes to strengthen or restore clients' mental health. Their framework for conceptualization integrates (a) the person as a gestalt of various domains with (b) the person's position in the family and socio-cultural matrix. This focus extends the resources for intervention to include the environment and extends the pressures and inhibitions on development to include macro-systemic characteristics as well as family or personal dynamics. It is a misunderstanding to construe "mental health counseling" as meaning "to help those who suffer with mental illnesses to adapt to life more effectively." Rather, mental health counselors are concerned with health and with the wide variety of circumstances, socially and individually, that can impair or inhibit the functioning of a person's life. Mental health counseling is designed to contribute to the vitality and vigor and to the soundness in body, mind, spirit, and social connection that sustains well-being, and so is considered, by our society, to be health.

References

Beck, E. S. (1999). Mental health counseling: A stakeholder's manifesto. *Journal of Mental Health Counseling, 21,* 203-214.

Hershenson, D. B., & Power, P. W. (1987). *Mental health counseling: Theory & practice*. New York: Pergamon Press.

Palmo, A. J. (1999). The MHC child reaches maturity: Does the child seem short for its age? *Journal of Mental Health Counseling, 21,* 215-228.

Pistole, M. C., & Roberts, A. (in press). Mental health counseling: Toward resolving identity confusions. *Journal of Mental Health Counseling.*

Seiler, G., & Messina, J. J. (1979). Toward professional identity: The dimension of mental health counseling in perspective. *American Mental Health Counselors Journal, 1,* 3-8.

Spruill, D. A., & Fong, M. L. (1990). Defining the domain of mental health counseling: From identity confusion to consensus. *Journal of Mental Health Counseling, 12,* 12-23.

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